

Name	DOB	Date of Death	Death Certificate Request Date	Death Certificate Received Date	Location of Death	Cause of Death (agency vs. certificate)	Manner of Death (ie. Natural?)	Received Death Certificate	Does Cause of Death match	Provider
4/19/2001	9/30/2020	11/2/2020	11/4/2020	Home	Pneumonia, DiGeorge Syndrome	Natural	Yes	Yes		American Family Matters, LLC
1/18/1967	10/4/2020	11/2/2020	11/4/2020	Home	Heart Disease of native cornea	Natural	Yes	Yes		FMRS Health System, Inc
5/9/2004	10/19/2020	11/2/2020	12/4/2020	Home	? Vs. Respiratory Failure/CP	Natural	Yes	Yes		Diversified Assessment & Therapy & Services
6/1/1949	10/10/2020	11/2/2020	11/4/2020	Hospice House	Sepsis, Aspiration pneumonia	Natural	Yes	No		Community Services, Inc.
7/18/1973	10/12/2020	11/2/2020	11/4/2020	Home	aspiration pneumonia, cerebral palsy	Natural	Yes	Yes		Starlight Behavioral Health
2/25/1985	9/30/2020	11/2/2020	11/4/2020	Hospital	Intraparenchymal hemorrhage	Natural	Yes	Yes		Valley HealthCare System
9/24/1959	11/17/2020	12/1/2020			Natural Causes vs.					Valley Healthcare System
12/14/1950	10/30/2020	12/1/2020	12/14/2020	Nursing Home	Renal Failure vs. CKD	Natural	Yes	Yes		Potomac Highland Guild